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PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

PTO
J.S.
17513
107692273

Address to:

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No. 297-008681-US (REI)

First Named Inventor Lonka

Original Patent Number 6,308,084

Original Patent Issue Date
(Month/Day/Year) October 23, 2001

Express Mail Label No. EV 327673834

APPLICATION FOR REISSUE OF:
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)
(37 C.F.R. 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. ☒ Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix)
or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes
to the claims. See 37 CFR 1.173 (c).
11. ☐ Original Patent Grant
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
12. ☒ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
14. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Certificate of Mailing by
Express Mail

18. CORRESPONDENCE ADDRESS



Customer Number:

2512

OR ☐ Correspondence address below

Name

Address

Zip Code

City

State

Fax

Country

Telephone

NAME (Print/Type)

Henry I. Steckler

24,139

Signature

Henry I. Steckler

Date

Oct 23, 2003

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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17414 U.S. PTO

PTO/SB/56 (06-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 297-008681-US (REI)						
Claims as Filed - Part 1												
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity						
				Rate	Fee		Rate	Fee				
(A) 7	Total Claims (37 CFR 1.16(i))	(B) 7	**** 0 =	x \$ 9 =	\$0	or	x \$ 18 =	\$0				
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ 43 =	\$0		x \$ 86 =	\$0				
Basic Fee (37 CFR 1.16(h))					\$0			\$770				
Total Filing Fee					\$0			\$770				
Claims as Amended - Part 2												
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity					
					Rate	Fee		Rate	Fee			
Total Claims (37 CFR 1.16(j))	*** 28	MINUS	** 20	= 8	x \$ 9 =	\$72	x \$ 18 =	\$144				
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 1	= 3	x \$ 4 =	\$12	x \$ 86 =	\$258				
Total Additional Fee					\$84		OR	\$402				
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>16-1350</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,172</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p style="text-align:center">WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table style="width:100%"><tr><td style="width:50%"><u>10/23/03</u> Date</td><td style="width:50%; text-align:right"> Signature of Applicant, Attorney or Agent of Record</td></tr><tr><td><u>24,139</u> Registration Number, if applicable</td><td style="text-align:right"><u>Henry I. Steckler</u> Typed or printed name</td></tr></table>									<u>10/23/03</u> Date	 Signature of Applicant, Attorney or Agent of Record	<u>24,139</u> Registration Number, if applicable	<u>Henry I. Steckler</u> Typed or printed name
<u>10/23/03</u> Date	 Signature of Applicant, Attorney or Agent of Record											
<u>24,139</u> Registration Number, if applicable	<u>Henry I. Steckler</u> Typed or printed name											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Lonka**

Docket No.

297-008681-US (REI)

Serial No.

Filing Date
Herewith

Examiner

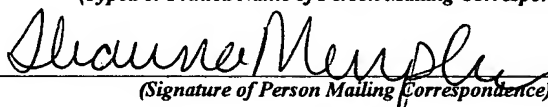
Group Art Unit

Invention: **MOBILE COMMUNICATIONS DEVICE WITH A CAMERA**

I hereby certify that the following correspondence:

**Reissue Patent Application Transmittal, Application Fee Transmittal Form, Patent No. 6,308,084,
Preliminary Amendment***(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under
37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450 on

October 23, 2003*(Date)***Shauna Murphy***(Typed or Printed Name of Person Mailing Correspondence)**(Signature of Person Mailing Correspondence)***EV 327673834***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**